MARSHFIELD CENTER 814 W 14TH ST

M	ARSHFIELD	54449	Phone: (715) 387-1188		Ownership:	Corporation
C	perated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
C	perate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
N	umber of Beds	Set Up and St	affed (12/31/04):	167	Title 18 (Medicare) Certified?	Yes
Τ	otal Licensed	Bed Capacity	(12/31/04):	201	Title 19 (Medicaid) Certified?	Yes
N	number of Resid	dents on 12/31	/04:	150	Average Daily Census:	151

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/04)	Length of Stay (12/31/04)	%		
Home Health Care	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	38.0			
Supp. Home Care-Personal Care No						l - 4 Years	30.7		
Supp. Home Care-Household Services	No	Developmental Disabilities	1.3	Under 65	4.0	More Than 4 Years	31.3		
Day Services No		Mental Illness (Org./Psy)	32.0	65 - 74	8.7				
Respite Care	Yes	Mental Illness (Other)	2.0	75 - 84	27.3		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse 0.0   85 - 94 46.7   ***********************************					******		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.3	Full-Time Equivalent			
Congregate Meals No		Cancer	2.0	2.0		Nursing Staff per 100 Residen			
Home Delivered Meals No		Fractures	0.0	İ	100.0	(12/31/04)			
Other Meals	No	Cardiovascular	19.3	65 & Over	96.0				
Transportation No		Cerebrovascular	10.7			RNs	11.0		
Referral Service	No	Diabetes	4.7	Gender	%	LPNs	4.6		
Other Services	No	Respiratory		0		- Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	22.0	Male	25.3	Aides, & Orderlies	36.7		
Mentally Ill	No			Female	74.7				
Provide Day Programming for			100.0	İ					
Developmentally Disabled No				İ	100.0				
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care		]	Managed Care			
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	2.0	137	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.3
Skilled Care	18	100.0	310	99	97.1	118	6	100.0	145	20	100.0	199	0	0.0	0	4	100.0	140	147	98.0
Intermediate				1	1.0	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	18	100.0		102	100.0		6	100.0		20	100.0		0	0.0		4	100.0		150	100.0

MARSHFIELD CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 1:	2/31/04
Deaths During Reporting Period	 		Total				
Percent Admissions from:		Activities of	%		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	7.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.7		75.3	24.0	150
Other Nursing Homes	3.7	Dressing	4.0		78.0	18.0	150
Acute Care Hospitals	84.1	Transferring	20.0		62.0	18.0	150
Psych. HospMR/DD Facilities	0.0	Toilet Use	14.0		64.7	21.3	150
Rehabilitation Hospitals	0.0	Eating	60.7		32.7	6.7	150
Other Locations	4.2	*******	******	*****	******	******	*****
Total Number of Admissions	189	Continence		8	Special Treatmen	its	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	7.3	Receiving Resp	iratory Care	12.0
Private Home/No Home Health	27.8	Occ/Freq. Incontiner	nt of Bladder	44.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	21.1	Occ/Freq. Incontiner	nt of Bowel	27.3	Receiving Suct	ioning	0.0
Other Nursing Homes	6.7	į			Receiving Osto	omy Care	3.3
Acute Care Hospitals	13.3	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.7		anically Altered Die	ts 6.7
Rehabilitation Hospitals	0.0	<u> </u>				_	
Other Locations	8.3	Skin Care			Other Resident C	haracteristics	
Deaths	22.8	With Pressure Sores		2.7	Have Advance D	irectives	83.3
Total Number of Discharges		With Rashes		2.0	Medications		
(Including Deaths)	180	İ			Receiving Psyc	hoactive Drugs	65.3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Ownership: Proprietary		Bed	Size:	Lic	ensure:		
	This			2	00+	Ski	lled	Al	1
	Facility	Peer	Peer Group		Group	Peer	Group	Faci	lities
	%	% Ratio		% Ratio		%	% Ratio		Ratio
Occurrence Potest Assessment Potest Community (Timestern Pode	75.0	0.4.0	0.90	00.7	0.05	87.7	0.86	0.0	0.05
Occupancy Rate: Average Daily Census/Licensed Beds	75.8	84.2		88.7	0.85			88.8	0.85
Current Residents from In-County	79.3	76.9	1.03	28.7	2.77	70.1	1.13	77.4	1.02
Admissions from In-County, Still Residing	22.8	19.0	1.19	14.4	1.58	21.3	1.07	19.4	1.17
Admissions/Average Daily Census	125.2	161.6	0.77	35.1	3.56	116.7	1.07	146.5	0.85
Discharges/Average Daily Census	119.2	161.5	0.74	39.2	3.04	117.9	1.01	148.0	0.81
Discharges To Private Residence/Average Daily Census	58.3	70.9	0.82	10.4	5.58	49.0	1.19	66.9	0.87
Residents Receiving Skilled Care	99.3	95.5	1.04	80.3	1.24	93.5	1.06	89.9	1.10
Residents Aged 65 and Older	96.0	93.5	1.03	89.8	1.07	92.7	1.04	87.9	1.09
Title 19 (Medicaid) Funded Residents	68.0	65.3	1.04	80.4	0.85	68.9	0.99	66.1	1.03
Private Pay Funded Residents	13.3	18.2	0.73	16.4	0.82	19.5	0.68	20.6	0.65
Developmentally Disabled Residents	1.3	0.5	2.66	0.3	4.51	0.5	2.70	6.0	0.22
Mentally Ill Residents	34.0	28.5	1.19	38.5	0.88	36.0	0.94	33.6	1.01
General Medical Service Residents	22.0	28.9	0.76	25.0	0.88	25.3	0.87	21.1	1.04
Impaired ADL (Mean)	49.2	48.8	1.01	39.1	1.26	48.1	1.02	49.4	1.00
Psychological Problems	65.3	59.8	1.09	63.5	1.03	61.7	1.06	57.7	1.13
Nursing Care Required (Mean)	3.3	6.5	0.52	8.2	0.41	7.2	0.46	7.4	0.45